

Utah Department of Human Services
Office of Recovery Services
Child Support Services

PARENTS' BACKGROUND INFORMATION

You must complete all information requested in this form.
Please PRINT all information in dark blue or black ink.

APPLICANT INFORMATION: [] Custodial Parent [] Non-custodial Parent [] Other

THIS SIDE FOR
OFFICE USE ONLY:

1. _____ 2. _____ Case type: _____
Your Full Legal Name (First/Middle/Last) Month/Day/Year of Birth (IV-A or Non-IV-A)
3. _____ 4. _____ Applying for: _____
Social Security Number Relationship to Children (Assistance type)

IF YOU ARE **NOT** THE MOTHER OR FATHER, CONTINUE TO #5 BELOW.
IF YOU ARE THE MOTHER OR FATHER, SKIP TO #23 "MOTHER'S INFORMATION"
ON PAGE 8.

PACMIS case #: _____

5. _____
Your Street Address Your City, State, Zip Code
6. _____
Your Mailing Address Your City, State, Zip Code
7. _____ 8. _____
Home Telephone Number Work Telephone Number
9. _____ 10. _____ 11. _____
Height Weight Hair Color
12. _____ 13. _____ 14. _____
Eye Color Race Driver License # and State
15. _____ 16. _____ 17. _____ 18. _____
City of Birth County of Birth State of Birth Country of Birth
19. Do you have a document or court order giving you the right to collect support for the children from either of the parents, such as a Temporary Custody order or Juvenile Court Order? Yes No IF "YES", **YOU MUST ATTACH A CERTIFIED COPY.**

20. When did the children begin living with you? _____
21. How long do you expect the children will live with you? _____
22. List two of your relatives or friends who will always know of your whereabouts:

Name

Name

Relationship

Relationship

Street

Street

City, State, Zip Code

City, State, Zip Code

Telephone Number

Telephone Number

THIS SIDE FOR

MOTHER'S INFORMATION: (Information about the mother of the children.)**OFFICE USE ONLY:**

23. _____
Full Legal Name (First/Middle/Last) Maiden Name
24. _____ 25. _____
Social Security Number Month/Day/Year of Birth
26. _____ 27. _____
Age (if birth date is not known) Area Code & Home Telephone
28. _____ 29. _____
Other Phone Numbers (Cell/Pager) Month/Year moved to Current Address
30. _____
Current Residential Address City, State, Zip Code
31. _____
Current Mailing Address (if different) City, State, Zip Code
32. _____
Previous Residential Address City, State, Zip Code
33. _____
Previous Mailing Address (if different) City, State, Zip Code
34. _____ 35. _____
Employer Name/Self Employment Area Code & Work Telephone
36. _____
Employer's Street Address Employer's City, State, Zip Code
37. _____ 38. _____
Type of Work How Often Paid
39. Gross income per hour or month \$ _____
40. Hours worked per week: _____ 41. Hire date: _____
42. List the following information about the mother's past employment:
Past Employer Name Address (include city, state, & zip) Dates Employed Wages

43. List any other income sources the mother may have (second job, disability, unemployment, retirement, etc.). _____
44. _____
List any bank or credit union accounts and the account numbers.
45. _____
Describe any other assets the mother may have (vehicles, property, RVs, etc.).
46. _____
Usual Occupation
47. _____ 48. _____
Current Marital Status Spouse/Significant Other's Name
49. _____ 50. _____
High School Attended, City, State College Attended, City, State
51. Is the mother disabled? Yes ____ No ____
52. Does the mother receive disability benefits? Yes ____ No ____

MOTHER'S INFORMATION CONTINUED:**THIS SIDE FOR OFFICE**

53. Do the children receive benefits under the mother's disability claim? Y ____ N ____

54. _____ 55. _____ 56. _____
Height Weight Hair Color

57. _____ 58. _____ 59. _____
Eye Color Race Driver's Lic. # & ST

60. _____
Identifying Marks (scars, birthmarks, tattoos, etc.)

61. _____
Other names, nick names or aliases mother has used or may be using.

62. _____ 63. _____ 64. _____ 65. _____
City of Birth County of Birth State of Birth Country of Birth

66. Is the mother deceased? Yes ____ No ____ If "Yes", date of death: _____

67. Does the mother have a criminal record? Yes ____ No ____ If "Yes", list the following: Arrest reason: _____

State of Arrest: _____ Date: _____

68. _____ 69. _____
Branch of Military Service Number

70. _____
Service Dates (Start/End)

71. Status of military service (circle one): Active Disabled Discharged Inactive Retired

Mother's Parent's Information (#72-#78):

72. _____
Mother's Mother's Full Legal Name (First/Middle/Last) Maiden Name

73. _____
Mother's Mother's Residential Address City, State, Zip Code

74. _____
Mother's Mother's Phone Number

75. _____
Mother's Father's Full Legal Name (First/Middle/Last)

76. _____
Mother's Father's Residential Address City, State, Zip Code

77. _____
Mother's Father's Phone Number

78. List the following information about the mother's relatives/friends who will always know of her whereabouts:

_____ Name	_____ Relationship	_____ Name	_____ Relationship
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_____ Street	_____ Street
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_____ City, State, Zip Code	_____ City, State, Zip Code
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_____ Telephone Number	_____ Telephone Number
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FATHER/ALLEGED FATHER'S INFORMATION: (Information about the father or the alleged father of the children.)

79. _____
Full Legal Name (First/Middle/Last)
80. _____ 81. _____
Social Security Number Month/Day/Year of Birth
82. _____ 83. _____
Age (if birth date is not known) Area Code & Home Telephone
84. _____ 85. _____
Other Phone Numbers (Cell/Pager) Month/Year Moved to Current Address
86. _____
Current Residential Address City, State, Zip Code
87. _____
Current Mailing Address (if different) City, State, Zip Code
88. _____
Previous Residential Address City, State, Zip Code
89. _____
Previous Mailing Address (if different) City, State, Zip Code
90. _____ 91. _____
Employer Name/Self Employment Area Code & Work Telephone
92. _____
Employer's Street Address Employer's City, State, Zip Code
93. _____ 94. _____
Type of Work How Often Paid
95. Gross income per hour or month \$ _____
96. Hours worked per week: _____ 97. Hire date: _____
98. List the following information about the father's past employment:
Past Employer Name Address (include city, state, & zip) Dates Employed Wages

99. List any other income sources the father may have (second job, disability, unemployment, retirement, etc.). _____
100. _____
List any bank or credit union accounts and the account numbers.
101. _____
Describe any other assets the father may have (vehicles, property, RVs, etc.).
102. _____ 103. _____
Usual Occupation Current Marital Status
104. _____
Spouse/Significant Other's Name
105. _____ 106. _____
High School Attended, City, State College Attended, City, State
107. Is the father disabled? Yes ____ No ____

108. Does the father receive disability benefits? Yes ____ No ____

109. Do the children receive benefits under the father's disability claim? Y ____ N ____

110. _____ 111. _____ 112. _____
Height Weight Hair Color

113. _____ 114. _____ 115. _____
Eye Color Race Driver License # State

116. _____
Identifying Marks (scars, birthmarks, tattoos, etc.)

117. _____
Other names, nick names or aliases father has used or may be using.

118. _____ 119. _____ 120. _____ 121. _____
City of Birth County of Birth State of Birth Country of Birth

122. Is the father deceased? Yes ____ No ____ If "Yes", date of death: _____

123. Does the father have a criminal record? Yes ____ No ____ If "Yes", list the following: Arrest reason: _____

State of Arrest: _____ Date: _____

124. _____ 125. _____
Branch of Military Service Number

126. _____
Service Dates (Start/End)

127. Status of military service (circle one): Active Disabled Discharged Inactive Retired

Father's Parent's Information (#128-#134):

128. _____
Father's Mother's Full Legal Name (First/Middle/Last) Maiden Name

129. _____
Father's Mother's Residential Address City, State, Zip Code

130. _____
Father's Mother's Phone Number

131. _____
Father's Father's Full Legal Name (First/Middle/Last)

132. _____
Father's Father's Residential Address City, State, Zip Code

133. _____
Father's Father's Phone Number

134. List the following information about the father's relatives/friends who will always know of his whereabouts:

Name	Relationship	Name	Relationship
_____	_____	_____	_____
Street		Street	
_____		_____	
City, State, Zip Code		City, State, Zip Code	
_____		_____	
Telephone Number		Telephone Number	

ORDER INFORMATION:

OFFICE USE ONLY:

135. Were the mother and father/alleged father ever married? Yes ____ No ____

Marriage Date _____ City, County, State _____

Separation Date _____ Remarried Date _____

136. Did the mother and father/alleged father live in Utah during the marriage? Yes ____ No ____

137. Was the mother married to someone other than the father/alleged father at the time of conception or birth of any of the children? Yes ____ No ____ If "Yes", complete the following information:

Child's Name _____ Husband's name at time of conception/birth _____

138. Has legal action for separation or divorce been initiated? Yes ____ No ____

If "Yes", complete the following information:

Divorce Date _____ City _____ County _____ State _____

Attorney Name: _____ Civil #: _____

139. Do support orders exist, such as divorce or paternity orders, for the children you have listed? Yes ____ No ____

a. If "Yes", list ALL the states with an order for the children listed in this application:

YOU MUST ATTACH CERTIFIED COPIES OF ALL ORDERS AND WORKSHEETS. WE CANNOT WORK YOUR CASE WITHOUT YOUR ORDERS AND WORKSHEETS.

b. If "No", did the father sign the birth certificate? Yes ____ No ____ If "Yes", **you must attach a certified copy.**

c. If "No", did the father sign a voluntary declaration of paternity? Yes ____ No ____ If "Yes", **you must attach a certified copy.**

140. Has the order ever been modified? Yes ____ No ____ If "Yes", complete the following information:

City _____ County _____ State _____

Date of Modification: _____

141. Has the order been registered in any other state? Yes ____ No ____ State(s) _____

142. Are any of the children receiving State child day care? Yes ____ No ____

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INSURANCE INFORMATION:

143. Are the children currently covered under any insurance policy? Yes ____ No ____

Policy Holder _____ Policy Number _____ Insurance _____

Telephone # _____

Full Insurance Name: _____

Insurance Address: _____

144. Type of coverage (circle all that apply): Health Accident Medicare Veterans Other

If the coverage relates to an accident please explain:

**THIS SIDE FOR
OFFICE USE ONLY:**

145. When did the insurance start? _____ End? _____

146. Is the insurance through an employer? Yes ____ No ____ If "Yes", list employer's name:

147. _____

List the children NOT covered by the insurance:

148. Has the **custodial parent/guardian** had insurance coverage other than Medicaid/Medicare within the last 60 days? Yes ____ No ____

If "Yes", complete the following questions:

a. Was the coverage through an employer? Yes ____ No ____

b. Was the coverage through the custodial parent/guardian's insurance?

Yes ____ No ____

c. Does the custodial parent/guardian or any of the children have a continued medical need? Yes ____ No ____ If "Yes", please explain:

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CHILDREN'S INFORMATION:

149. List all the children born to the mother and father/alleged father named in this Application. Include the following information:

Child's Full Legal Name (Use an additional page if needed. Include all the requested information.)	Sex M/F	Social Security Number	Date of Birth	Place of conception: City and State	Place of Birth: City, County, State & Hospital	Lives with you? Y/N	Parents married at birth? Y/N

150. List the children born outside of a marriage that have paternity legally established (court order, Voluntary Declaration of Paternity) and **ATTACH A CERTIFIED COPY** of the order or Voluntary Declaration of Paternity:

Child's Name	Date Order Signed	State where paternity established
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

151. Have the children ever received cash assistance from any state? Yes ____ No ____

If "Yes", list the following information:

Dates on assistance: _____ State collected _____

**THIS SIDE FOR
OFFICE USE ONLY**

Child's name	State	Start and end	child support?
_____	_____	_____	Yes ____ No ____
_____	_____	_____	Yes ____ No ____
_____	_____	_____	Yes ____ No ____
_____	_____	_____	Yes ____ No ____

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OPTIONAL - Obligation to Other Children Living in Your Home:

This information is optional, but is required when modifying an order. Other natural or adopted children living in your household may be considered when a support order is modified. Credit may be given for the other children which may affect your share of the support. If you have other natural or adopted children living with you by someone not listed in this application and you wish to have them considered, complete this section.

151. List the names of your natural or adopted children living in your home who are not the children of the other parent named in this application. Use more paper for additional children.

Child's Full Name:

Dates of Birth:

153. If you are living with the parent of the children listed in #1 above, list his/her monthly income and employer. (This information is required to receive credit for these children.)

\$ _____
Monthly Income Employer Name and Address

154. If your present spouse has an obligation to children from a previous relationship, list the monthly amount of alimony and child support s/he is ordered to pay. An alimony payment should not be listed unless it is actually being paid.

Child Support \$ _____ Alimony \$ _____

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I ATTEST THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IN ACCORDANCE WITH U.C.A. 62A-11-303.5 IF I KNOWINGLY PROVIDE FALSE OR MISLEADING INFORMATION I AM IN VIOLATION OF U.C.A. 76-8-504 AND MAY BE SUBJECT TO PROSECUTION, CASE CLOSURE, OR BOTH.

Applicant's Signature

Today's Date

NOTE: You must also attach the APPLICATION FOR NON-IV-A SERVICES (form ANIB) if you are not receiving cash assistance or Medicaid OR the ASSIGNMENT OF RIGHTS (form ANIC) if you are receiving or applying for cash assistance or Medicaid.